

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: PORT HAVEN (0009387)

Address: 334 S GARFIELD, PORT WASHINGTON, WI 53074

License Status: REGULAR

Licensed/Certified/Registered 03/01/2002

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0095093 **End Date:** 06/08/2005 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007171 Served 06/24/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(a)2	REVIEW OF MEDICATION REGIMEN		
83.33(3)(c)2	PROOF-OF-USE RECORDS MAINTAINED		
83.33(3)(c)3	PROOF-OF-USE RECORD AUDITED DAILY		
83.41(4)(b)2	GAS FURNACE SERVICED EVERY 3 YEARS		

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